

University of Groningen

Medication use for acute coronary syndrome in Vietnam

Nguyen, Thang

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version

Publisher's PDF, also known as Version of record

Publication date:

2018

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Nguyen, T. (2018). *Medication use for acute coronary syndrome in Vietnam*. [Thesis fully internal (DIV), University of Groningen]. University of Groningen.

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

MEDICATION USE FOR ACUTE CORONARY SYNDROME IN VIETNAM

1. In-hospital prescribing according to guidelines reduces the risk for major adverse outcomes of Vietnamese patients with acute coronary syndrome up to six months after discharge. CHAPTER 3
2. There is a need to develop appropriate interventions targeted at enhancing prescribing of guideline-recommended medications for ischemic heart diseases, especially for low-income and middle-income countries which have a rising burden of ischemic heart diseases. CHAPTER 4
3. To reach equivalence between the original source and Vietnamese versions of a questionnaire assessing a healthcare aspect across countries, translation and cross-cultural adaption of the questionnaire are needed. CHAPTER 5
4. Adherence to cardioprotective medications among patients with acute coronary syndrome in Vietnam was relatively high and stable at about three-quarters during six months after discharge. CHAPTER 6
5. Pharmacist counselling improves medication adherence of Vietnamese patients with acute coronary syndrome. CHAPTER 7
6. One size does not fit all.
7. Drugs don't work in patients who don't take them. C. EVERETT KOOP
8. Nothing happens unless first we dream. CARL SANDBERG
9. One swallow does not make a spring.
10. Never say never.